

**TEXAS DEPARTMENT OF HEALTH**

Form B13X

Supporting Schedule for Title X Reimbursement Vouchers

Contracting Agency: \_\_\_\_\_

TDH Document Number: \_\_\_\_\_

REIMBURSEMENT REQUEST SUPPORT								
Row	Column A				Column B		Column C	
1	Total Title X Cumulative Expenses incurred through (date): _____						\$	
2	Less: Other Federal Funds (Cumulative) :							
3	Title XIX \$ _____							
4	Title XX \$ _____							
5	Sub-Total -- - Other Federal Funds °				\$			
6	Agency's Unrestricted funds (Cumulative)				\$			
7	Other Restricted Funding (Cumulative)				\$			
8	In-Kind (Cumulative)				\$			
9	Program Income (Cumulative) (Patients' fees , private insurance , etc.)				\$			
10	Total Cumulative Non-Title X Funding				°		\$( )	
11	Net Reimbursable Expenses (Not to exceed amount of the Title X Attachment which is: ( _____ )							
12	Less: Gross Reimbursements Requests Previously Submitted to TDH						\$( )	
13	Gross Reimbursement Requested this Voucher							
14	Less: Amount to Apply to Advance Reduction (if any)						\$( )	
15	Refunds or Other Adjustments (if any)						\$( )	
16	Net Reimbursement Requested This Voucher				\$			

ADVANCE REPAYMENT RECORD									
17	REPAYMENTS MADE THRU VOUCHER REDUCTION						Amount of advance received (if any) °		\$
18	MONTH	AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT			
		\$		\$		\$			
		\$		\$		\$			
		\$		\$		\$			
		\$		\$		\$			
19	TOTALS °	\$	[	\$	[	\$	=	\$( )	
20	Balance of Advance Owed to TDH °							\$	

I certify that to the best of my knowledge and belief the information contained in this report is correct and complete.

Signature of Authorized Certifying Official	Date Submitted:
Typed or Printed Name and Title of Certifying Official	Telephone: ( )

*This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report.*